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| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF NEW JERSEY | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | |
|-----|--|--|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Linda First name A. | | First name |
| | license or passport). | Middle name | _ | Middle name |
| | Bring your picture identification to your | Ellison | | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or | | | |
| | maiden names and any assumed, trade names and doing business as names. | | | |
| | Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0684 | | |

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Debtor 1 Linda A. Ellison Case number (if known)

| Your Employer 4. Identification Number (EIN), if any. | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|---|---|---|--|--|--|
| | | EIN | EIN | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 9 Holyoke Lane Willingboro, NJ 08046 Number, Street, City, State & ZIP Code Burlington County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |

Case 23-11616-KCF Doc 1 Filed 02/28/23 Entered 02/28/23 20:13:12 Desc Main Page 3 of 56 Document Linda A. Ellison Case number (if known) Debtor 1 Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with

you, or by a business partner, or by an affiliate?

Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Voluntary Petition for Individuals Filing for Bankruptcy

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| Deb | otor 1 Linda A. Ellison | | | Docume | ii Faye 4 | | e number (if known) | | |
|-----|---|----------------------|--|---|---|--|---|---|-----------------------------|
| | | | | | | | | | |
| Par | t 3: Report About Any Bu | usinesses | You Own | as a Sole Proprieto | or | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | | |
| | | ☐ Yes. | Name | and location of busi | ness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code | | | | | | |
| | it to this petition. | | Check | the appropriate box | to describe your bu | siness: | | | |
| | | | | Health Care Busine | ess (as defined in 11 | U.S.C. § 101(| (27A)) | | |
| | | | | Single Asset Real I | Estate (as defined in | 11 U.S.C. § 1 | 01(51B)) | | |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § | 101(53A)) | | | |
| | | | | Commodity Broker | (as defined in 11 U. | S.C. § 101(6)) | | | |
| | | | | None of the above | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)? | proceed you are o | under Sub choosing to v statemen (B). | ler Chapter 11, the conchapter V so that it to proceed under Subnt, and federal incomot filling under Chapt | can set appropriate of chapter V, you musted tax return or if any | <i>deadlines.</i> If yo t attach your m | ou indicate that you a nost recent balance s | are a small busines sheet, statement o | ss debtor or of operations, |
| | For a definition of small business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | ling under Chapter 1 | 1, but I am NOT a s | mall business | debtor according to | the definition in the | e Bankruptcy |
| | | ☐ Yes. | | ling under Chapter 1 ot choose to proceed | | | | tion in the Bankrup | otcy Code, and |
| | | ☐ Yes. | | ling under Chapter 1 e to proceed under S | | | lefinition in § 1182(1) |) of the Bankruptcy | y Code, and I |
| Par | Report if You Own or | Have Any | / Hazardo | us Property or Any | Property That Nee | ds Immediate | Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | | | |
| | of imminent and identifiable hazard to | | What is | he hazard? | | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | | | |

Number, Street, City, State & Zip Code

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Debtor 1 Linda A. Ellison Case number (if known)

Part 5: Explain Your Ef

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Linda A. Ellison | | | | Case number (| f known) |
|------|--|------------------------|--|--|--------------------------------------|---|
| Part | t 6: Answer These Quest | ions for Re | porting Purposes | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily individual primarily for a pe | consumer debts? Consumersonal, family, or household | ner debts are defined d purpose." | d in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | | business debts? Business | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you | u owe that are not consumer | debts or business of | debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | ter 7. Go to line 18. | | |
| | Do you estimate that after any exempt | | | 7. Do you estimate that after available to distribute to uns | | y is excluded and administrative expenses |
| | property is excluded and administrative expenses | | ■ No | | | |
| | are paid that funds will be available for | | ☐ Yes | | | |
| | distribution to unsecured creditors? | | _ 100 | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 | | ☐ 25,001-50,000 |
| | you estimate that you owe? | ☐ 50-99 | | ☐ 5001-10,000 | | □ 50,001-100,000 |
| | owe: | <u> </u> | | □ 10,001-25,000 | | ☐ More than100,000 |
| | | □ 200-99 | 99 | | | |
| 19. | How much do you \$0 - \$ | | 00,000 | □ \$1,000,001 - \$1 | 10 million | □ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | □ \$50,00 | 1 - \$100,000 | <u> </u> \$10,000,001 - \$ | | ☐ \$1,000,000,001 - \$10 billion |
| | DO WORLD | | 01 - \$500,000 | □ \$50,000,001 - \$ | | □ \$10,000,000,001 - \$50 billion |
| | | □ \$500,0 | 01 - \$1 million | □ \$100,000,001 - | \$500 million | ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | □ \$1,000,001 - \$1 | 10 million | □ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | □ \$50,00 | 01 - \$100,000 | □ \$10,000,001 - \$ | | □ \$1,000,000,001 - \$10 billion |
| | 10 50. | _ | 01 - \$500,000 | □ \$50,000,001 - \$ | | □ \$10,000,000,001 - \$50 billion |
| | | □ \$500,0 | 01 - \$1 million | □ \$100,000,001 - | \$500 million | ☐ More than \$50 billion |
| Part | 7: Sign Below | | | | | |
| For | you | I have exa | amined this petition, and I o | declare under penalty of perj | ury that the informa | tion provided is true and correct. |
| | | | | | | nder Chapter 7, 11,12, or 13 of title 11, use to proceed under Chapter 7. |
| | | | | d not pay or agree to pay so the notice required by 11 U. | | n attorney to help me fill out this |
| | | I request i | relief in accordance with th | e chapter of title 11, United S | States Code, specifi | ed in this petition. |
| | | bankrupto and 3571. | y case can result in fines u | | | property by fraud in connection with a airs, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Linda A. | | Si | ignature of Debtor 2 | |
| | | Signature | of Debtor 1 | | | |
| | | Executed | on February 24, 2023 | B Ex | xecuted on | |
| | | | MM / DD / YYYY | | MM / [| DD / YYYY |
| | | | | | | |

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Debtor 1 Linda A. Ellison Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas J. Orr | Date | February 24, 2023 |
|--|---------------|-------------------|
| Signature of Attorney for Debtor | _ | MM / DD / YYYY |
| Thomas J. Orr | | |
| Thomas J. Orr Firm name | | |
| 321 High Street Burlington, NJ 08016-4411 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (609)386-8700 | Email address | tom@torrlaw.com |
| O16181981 NJ | | |
| Bar number & State | | |

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| | | | Document | Page 8 of 56 | | |
|--|---|-------------------------------------|---|--|--|--|
| Fill in this information | on to identify your | case and thi | is filing: | | | |
| | inda A. Ellison | Middle | Name | Last Name | | |
| Debtor 2 Spouse, if filing) Fi | rst Name | Middle | Name | Last Name | | |
| Jnited States Bankruր | otcy Court for the: | DISTRICT (| OF NEW JERSEY | | | |
| Case number | | | | _ | | ☐ Check if this is ar amended filing |
| nink it fits best. Be as | VB: Propately list and describe complete and accura | pe items. List a ate as possible | e. If two married peop | an asset fits in more than one le are filing together, both are he top of any additional pages | equally responsible for s | supplying correct |
| Part 1: Describe Each | Residence, Building | g, Land, or Oth | ner Real Estate You O | wn or Have an Interest In | | |
| □ No. Go to Part 2. | | e interest in ar | ny residence, building | g, land, or similar property? | | |
| ☐ No. Go to Part 2. ☐ Yes. Where is the part 2. | oroperty? | e interest in ar | | g, land, or similar property? ty? Check all that apply | | |
| No. Go to Part 2. Yes. Where is the part 1.1 9 Holyoke Lar | oroperty? | | What is the proper Single-family □ Duplex or mu | t y? Check all that apply | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| No. Go to Part 2. Yes. Where is the part 1.1 9 Holyoke Lar | oroperty? 16 able, or other description | | What is the propert Single-family Duplex or mu Condominiur Manufactured Land Investment p | ty? Check all that apply home Ilti-unit building n or cooperative d or mobile home | the amount of any secur | ed claims on Schedule D: |
| No. Go to Part 2. Yes. Where is the part 2. 1.1 9 Holyoke Lar Street address, if avail | oroperty? NJ 080 | 046-0000 | What is the propert Single-family Duplex or mu Condominium Manufactured Land Investment p Timeshare Other | ty? Check all that apply home ulti-unit building n or cooperative d or mobile home roperty | Current value of the entire property? \$262,100.00 Describe the nature of | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$262,100.00 your ownership interest nancy by the entireties, or |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 23-11616-KCF Doc 1 Filed 02/28/23 Entered 02/28/23 20:13:12 Page 9 of 56 Document Case number (if known) Debtor 1 Linda A. Ellison 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Kia Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sedona Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2016 Year: Debtor 2 only Current value of the Current value of the 85,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$12,000.00 \$12,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$12,000.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Household goods and furnishings \$2,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

■ No

☐ Yes. Describe.....

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■ No

☐ Yes...... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

■ No

☐ Yes. Give specific information about them.....

Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

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| De | ebtor 1 | Linda A. Ellison | | C | ase number (if known) | |
|-----|---------------|--|---|---|------------------------------|---|
| | | | | | | |
| | ■ No | O'rea and alford a farmer floor about | L | | | |
| | ⊔ Yes. | Give specific information about Issuer na | | | | |
| 04 | Datinan | | | | | |
| 21. | | nent or pension accounts ples: Interests in IRA, ERISA, Ke | ogh, 401(k), 403(b), thrift saving | s accounts, or other per | nsion or profit-sharing plan | S |
| | ■ No | , , , | 3 | , | 3, | |
| | ☐ Yes. | List each account separately. | | | | |
| | | Type of acco | ount: Institution n | ame: | | |
| 22. | Securit | y deposits and prepayments | | | | |
| | | | have made so that you may conf | | | |
| | ■ No | ores: Agreements with landlords, | prepaid rent, public utilities (elec | ctric, gas, water), telecol | mmunications companies, | or otners |
| | | | Institution n | ame or individual: | | |
| | | | | | | |
| 23. | Annuiti ■ No | ies (A contract for a periodic pay | ment of money to you, either for | life or for a number of y | rears) | |
| | Yes | Issuer name and | description. | | | |
| | — 103 | | | | | |
| 24. | | s in an education IRA, in an a C. §§ 530(b)(1), 529A(b), and 52 | ccount in a qualified ABLE pro | gram, or under a qual | ified state tuition progra | m. |
| | ■ No | c. 88 330(b)(1), 329A(b), and 32 | .9(D)(T). | | | |
| | Yes | Institution name a | and description. Separately file th | e records of any interes | sts.11 U.S.C. § 521(c): | |
| | | | | | - , , | |
| 25. | | equitable or future interests i | n property (other than anythin | g listed in line 1), and | rights or powers exercis | able for your benefit |
| | ■ No | Cive enecific information about | thom | | | |
| | □ res. | Give specific information about | mem | | | |
| 26. | | | le secrets, and other intellectu | | _ | |
| | _ ` | oles: internet domain names, we | bsites, proceeds from royalties a | nd licensing agreement | S | |
| | ■ No | Give specific information about | thom | | | |
| | ☐ res. | Give specific information about | mem | | | |
| 27. | | es, franchises, and other gene | eral intangibles licenses, cooperative association | . In allalia ara - l'anno a l'anno a | | |
| | ■ No | nes. Building permits, exclusive | licenses, cooperative association | i nolaings, liquor license | es, professional licenses | |
| | | Give specific information about | them | | | |
| | — 103. | Give specific information about | uiciii | | | |
| Me | oney or I | property owed to you? | | | | Current value of the |
| | | | | | | portion you own? Do not deduct secured |
| | | | | | | claims or exemptions. |
| 28. | Tax ref | unds owed to you | | | | |
| | □ No | | | | | |
| | Yes. | Give specific information about | them, including whether you alre | ady filed the returns and | the tax years | |
| | | | | | | |
| | | | | | | |
| | | | 2022 | | Federal and State | \$4,000.00 |
| | | | | | r cacrar and otate | 4 1,000100 |
| | | | | | | |
| 29. | | support | ony, spousal support, child suppo | ort maintenance divorc | a sattlament property sett | lement |
| | ■ No | 700. I dot dde o'i idinp ddin diinik | orry, opousur support, orma suppe | ort, maintenarioe, arvoro | o dottiomont, property dott | iomoni |
| | ☐ Yes. | Give specific information | | | | |
| | | · | | | | |
| 30 | Other a | amounts someone owes you | | | | |
| ٠٠. | | oles: Unpaid wages, disability ins | surance payments, disability ben | efits, sick pay, vacation | pay, workers' compensati | on, Social Security |
| | | benefits; unpaid loans you | made to someone else | | | |
| | ■ No | | | | | |
| | | Give specific information | | | | |

Official Form 106A/B Schedule A/B: Property page 4

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| Debtor 1 | Linda A. Ellison | | Case number (if known) | |
|---------------------|--|--|---|-------------------------------|
| | | | | |
| 31. Interes | ts in insurance policies | | | |
| _Examp | oles: Health, disability, or life insuran | ce; health savings account (HSA); | credit, homeowner's, or renter's insurar | nce |
| ■ No | | | | |
| ☐ Yes. | Name the insurance company of ea | • • | 5 0 | |
| | Company nar | ne: | Beneficiary: | Surrender or refund value: |
| | | | | value. |
| | erest in property that is due you | | | |
| | are the beneficiary of a living trust, e ne has died. | xpect proceeds from a life insurance | e policy, or are currently entitled to rece | eive property because |
| ■ No | ne nas died. | | | |
| | Give specific information | | | |
| — 103. | One specific information | | | |
| 33 Claims | against third parties, whether or | not you have filed a lawsuit or m | ade a demand for navment | |
| | oles: Accidents, employment dispute | | | |
| ■ No | | _ | | |
| ☐ Yes. | Describe each claim | | | |
| 04 04 | | | dende been a fallen de la den en de la la la de | |
| _ | contingent and unliquidated claim | is of every nature, including cour | nterclaims of the debtor and rights to | set off claims |
| ■ No | 5 | | | |
| ⊔ Yes. | Describe each claim | | | |
| 35. Any fin | ancial assets you did not already | list | | |
| ■ No | | | | |
| ☐ Yes. | Give specific information | | | |
| | | | | |
| | he dollar value of all of your entri | | | \$4,200.00 |
| for Pa | rt 4. Write that number here | | | Ψτ,200.00 |
| D / C D | | V | | |
| Part 5: De | scribe Any Business-Related Property | You Own or Have an Interest In. List | any real estate in Part 1. | |
| 37. Do you o | own or have any legal or equitable inte | rest in any business-related property | ? | |
| No. Go | to Part 6. | | | |
| ☐ Yes. G | io to line 38. | | | |
| | | | | |
| _ | | | | |
| | scribe Any Farm- and Commercial Fisl ou own or have an interest in farmland, li | | ve an Interest In. | |
| , | | | | |
| 46. Do you | own or have any legal or equitab | le interest in any farm- or comme | ercial fishing-related property? | |
| No. | Go to Part 7. | | | |
| ☐ Yes | Go to line 47. | | | |
| | | | | |
| Part 7: | Describe All Property You Own or H | ave an Interest in That You Did Not Li | st Above | |
| | . , | | | |
| | have other property of any kind y | | | |
| | oles: Season tickets, country club me | empersnip | | |
| ■ No | | | | |
| ⊔ Yes. | Give specific information | | | |
| | | | | |

Official Form 106A/B Schedule A/B: Property page 5

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

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Debtor 1 Case number (if known) Linda A. Ellison Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$262,100.00 Part 2: Total vehicles, line 5 56. \$12,000.00 Part 3: Total personal and household items, line 15 57. \$4,200.00 58. Part 4: Total financial assets, line 36 \$4,200.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$20,400.00 Copy personal property total \$20,400.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$282,500.00

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this information to identify your case: | | | | | | |
|---|--------------------------|------------------------|-----------|-----------------------|--|--|
| Debtor 1 | Linda A. Ellison | | | | | |
| | First Name | Middle Name | Last Name | _ | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | _ | | |
| Case number | | | | | | |
| (if known) | | | | ☐ Check if this is an | | |
| | | | | amended filing | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | ☐ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Household goods and furnishings Line from Schedule A/B: 6.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule AVB: 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wearing apparel Line from Schedule A/B: 11.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line nom Schedule AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Jewelry Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(4) |
| | Line Irom Schedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Wells Fargo Line from Schedule A/B: 17.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(5) |
| | Line Irom Schedule AVB. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Federal and State: 2022 Line from Schedule A/B: 28.1 | \$4,000.00 | | \$4,000.00 | 11 U.S.C. § 522(d)(5) |
| | LINE HOTH SCHEUUIE PVD. 20.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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| De | btor 1 | Lin | da A. Ellison | Case number (if known) | |
|----|--------|------|---|--------------------------------|--|
| 3. | | • | laiming a homestead exemption of more than \$189,050? adjustment on 4/01/25 and every 3 years after that for cases filed on or | after the date of adjustment.) | |
| | | No | | | |
| | | Yes. | Did you acquire the property covered by the exemption within 1,215 day | s before you filed this case? | |
| | | | No | | |
| | | | Yes | | |

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| Fill in this information to ident | ify your o | case: | r age 1 | 10 01 00 | | |
|--|-------------|--|------------------|--------------------------|--|-----------------------------------|
| Debtor 1 Linda A. E | Ilison | | | | | |
| First Name Debtor 2 | | Middle Name | Last Name | | | |
| (Spouse if, filing) First Name | | Middle Name | Last Name | | | |
| United States Bankruptcy Court | for the: | DISTRICT OF NEW JERSEY | | | | |
| Case number (if known) | | | | | _ | if this is an ed filing |
| Official Form 106D | | | | | | |
| Schedule D: Credi | tors \ | Who Have Claims | Secure | ed by Property | / | 12/15 |
| Be as complete and accurate as posis needed, copy the Additional Page number (if known). | | | | | | |
| 1. Do any creditors have claims sec | cured by y | our property? | | | | |
| ☐ No. Check this box and so | ubmit this | form to the court with your othe | r schedules. | You have nothing else to | report on this form. | |
| Yes. Fill in all of the inform | mation be | low. | | | | |
| Part 1: List All Secured Clai | ims | | | | | |
| 2. List all secured claims. If a credit for each claim. If more than one crec much as possible, list the claims in all | ditor has a | particular claim, list the other credito | rs in Part 2. As | | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Ally Mortgage | | Describe the property that secures | the claim: | \$263,797.18 | \$262,100.00 | \$1,697.18 |
| Creditor's Name | | Holyoke Lane Willingbord | o, NJ | | | |
| 314 South Franklin Str Second Floor Titusville, PA 16354 Number, Street, City, State & Zip Co | reet A | 08046 Burlington County As of the date you file, the claim is pply. ☐ Contingent ☐ Unliquidated | : Check all that | | | |
| Who are the debt O of the | | Disputed | | | | |
| Who owes the debt? Check one. Debtor 1 only | | lature of lien. Check all that apply. $\operatorname{\square}$ An agreement you made (such as | | nagurad | | |
| Debtor 2 only | - | car loan) | inortgage or s | secured | | |
| ☐ Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| At least one of the debtors and ar | nother [| Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | | Other (including a right to offset) | First Mor | rtgage | | |
| Date debt was incurred | | Last 4 digits of account nun | nber <u>9686</u> | 6 | | |
| 2.2 Capital One Auto Final | nce r | Describe the property that secures | the claim: | \$19,153.00 | \$12,000.00 | \$7,153.00 |
| Creditor's Name | | 2016 Kia Sedona 85,000 mi | | <u>Ψ13,133.33</u> | Ψ12,000.00 | Ψ7,100.00 |
| | | | | | | |
| 3901 Dallas Parkway Plano, TX 75093 | а | as of the date you file, the claim is pply. Contingent | : Check all that | I | | |
| Number, Street, City, State & Zip Co | _ | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the debt? Check one. | | lature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | [| An agreement you made (such as car loan) | mortgage or | secured | | |
| Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| ☐ At least one of the debtors and ar | | Judgment lien from a lawsuit | , | | | |
| ☐ Check if this claim relates to a community debt | | Other (including a right to offset) | Auto Loa | ın | | |
| Date debt was incurred | | Last A digits of account num | nher 701 | 2 | | |

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| Debtor 1 | Linda A. Ellison | | | Case number (if known) | |
|----------|--|--------------------------------|-----------------------------|------------------------|---|
| | First Name | Middle Name | Last Name | _ | |
| | | | | | |
| | | | | | |
| Add the | dollar value of your en | tries in Column A on this pag | ge. Write that number here: | \$282,950.1 | В |
| | the last page of your for the last page of your for the last page of the l | orm, add the dollar value tota | ils from all pages. | \$282,950.1 | 8 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Document | Page 18 of 56 | | |
|---|--|---|--|---|---|
| Fill in this info | ormation to identify your | case: | | | |
| Debtor 1 | Linda A. Ellison | | | | |
| DODIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | |
| Case number (if known) | | | | | Check if this is an |
| | | | | a | mended filing |
| Schedule | | /ho Have Unsecured | | | 12/15 |
| any executory co Schedule G: Exe Schedule D: Cre left. Attach the C name and case r | ontracts or unexpired leases ecutory Contracts and Unexp ditors Who Have Claims Sec continuation Page to this pagnumber (if known). | se Part 1 for creditors with PRIORIT that could result in a claim. Also I bired Leases (Official Form 106G). Eured by Property. If more space is ge. If you have no information to re | list executory contracts on a Do not include any creditors needed, copy the Part you | Schedule A/B: Property (Offici s with partially secured claims need, fill it out, number the en | al Form 106A/B) and on that are listed in tries in the boxes on the |
| | All of Your PRIORITY Ur | | | | |
| | ditors have priority unsecure | d claims against you? | | | |
| No. Go to | o Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: List | All of Your NONPRIORIT | V Unsecured Claims | | | |
| | ditors have nonpriority unsec | | | | |
| _ ` | | | | | |
| ■ Yes. | have nothing to report in this p | eart. Submit this form to the court with | your other schedules. | | |
| | | | | | |
| unsecured c | laim, list the creditor separatel | aims in the alphabetical order of the y for each claim. For each claim listed ist the other creditors in Part 3.lf you | d, identify what type of claim it | t is. Do not list claims already inc | cluded in Part 1. If more |
| | | | | | Total claim |
| 4.1 Aspir | e | Last 4 digits of acc | count number 1132 | | \$1,383.00 |
| Nonprio | ority Creditor's Name ox 105555 | When was the debt | | | |
| | ta, GA 30348-5555 r Street City State Zip Code | As of the data way | file the eleim in Charle all t | hat annly | |
| | curred the debt? Check one. | As of the date you | file, the claim is: Check all the | пат арріу | |
| _ | otor 1 only | ☐ Contingent | | | |
| | • | | | | |
| | otor 2 only | ☐ Unliquidated☐ Disputed | | | |
| | otor 1 and Debtor 2 only | | | | |
| _ | east one of the debtors and an | 0.1101 | RITY unsecured claim: | | |
| debt | eck if this claim is for a come claim subject to offset? | inunity | | nent or divorce that you did not | |
| ■ No | oubjoot to onsott | | or profit-sharing plans, and c | other similar debts | |
| | | ' | , , | | |
| ☐ Yes | | Other, Specify | Credit card purchase | ; 5 | |

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| Debto | r1 Linda A. Ellison | Case number (if known) | |
|-------|---|---|-------------|
| 4.2 | AT&T | Last 4 digits of account number 5663 | \$678.00 |
| | Nonpriority Creditor's Name 17000 Cantrell Road | When was the debt incurred? | |
| | Little Rock, AR 72223 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| 4.3 | Boscovs | Last 4 digits of account number 2421 | \$1,476.00 |
| | Nonpriority Creditor's Name PO Box 71106 Charlotte, NC 28272-1106 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | lacktriangle Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| 4.4 | Capital One Bank | Last 4 digits of account number 8491 | \$451.00 |
| | Nonpriority Creditor's Name PO Box 30285 | When was the debt incurred? | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| | | | |

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| Debtor | 1 Linda A. Ellison | Case number (if known) | |
|--------|---|---|----------|
| 4.5 | Capital One Bank | Last 4 digits of account number 7096 | \$830.00 |
| | Nonpriority Creditor's Name PO Box 30285 | When was the debt incurred? | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card purchases | |
| 4.6 | Credit One Bank | Last 4 digits of account number 5679 | \$916.00 |
| | Nonpriority Creditor's Name PO Box 98873 | When was the debt incurred? | |
| | Las Vegas, NV 89193-8873 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , , | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify | |
| 4.7 | Credit One Bank | Last 4 digits of account number 7338 | \$878.00 |
| | Nonpriority Creditor's Name PO Box 98873 | When was the debt incurred? | |
| | Las Vegas, NV 89193-8873 | when was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit card purchases | |

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| Debt | or 1 Linda A. Ellison | Case number (if known) | |
|------|--|---|---------------------------------------|
| 4.8 | Credit Union of New Jersey | Last 4 digits of account number | \$1,093.00 |
| | Nonpriority Creditor's Name 1035 Parkway Avenue Trenton, NJ 08618 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.9 | Fingerhut | Last 4 digits of account number 1195 | \$1,618.00 |
| | Nonpriority Creditor's Name 6250 Ridgewood Road | When was the debt incurred? | · · · · · · · · · · · · · · · · · · · |
| | Saint Cloud, MN 56303 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam is. Oneck all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Credit card purchases | |
| 4.1 | First National Credit Card | Last 4 digits of account number 7457 | \$479.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ-1 3.00 |
| | PO Box 5097 | When was the debt incurred? | |
| | Sioux Falls, SD 57117-5097 | — As the basis fleatestate Out the second | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | □ yes | Other Coosity Credit card purchases | |

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| Jebu | Linda A. Ellison | Case number (# known) | |
|----------|--|---|------------|
| 1.1 I | Jefferson Capital Systems | Last 4 digits of account number 0001 | \$2,276.00 |
| | Nonpriority Creditor's Name P.O. Box 7999 | When was the debt incurred? | |
| | Saint Cloud, MN 56302-9617 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 1.1 | Kohl's | Last 4 digits of account number 8901 | \$620.00 |
| | Nonpriority Creditor's Name PO Box 3043 Milwaukee, WI 53201-3043 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| 1.1 | Lane Bryant | Last 4 digits of account number 4268 | \$620.00 |
| | Nonpriority Creditor's Name | | |
| | Comenity Bank Bankruptcy Department | When was the debt incurred? | |
| | Columbus, OH 43218-2125 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit card purchases | |
| | □ 162 | Utner. Specify Oredit Card parchases | |

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Case number (if known) Debtor 1 Linda A. Ellison 4.1 One Main Financial 7975 \$7,944.00 Last 4 digits of account number Nonpriority Creditor's Name **Centralized Bankruptcy Processing** When was the debt incurred? PO Box 3251 Evansville, IN 47731-3251 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Personal Loan ☐ Yes 4.1 **River Valley Loans** \$1,209.00 Last 4 digits of account number Nonpriority Creditor's Name Wahido Lending dba River Valley When was the debt incurred? Loans **PO Box 222** Fort Thompson, SD 57339 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Personal Loan** Other. Specify 4.1 Spotloan 0386 \$1,798.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 720 When was the debt incurred? Belcourt, ND 58316 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Personal Loan ☐ Yes

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| Deb | Linda A. Eilison | Case number (if known) | |
|----------|--|---|----------|
| 4.1 7 | Synchrony Bank/JCP | Last 4 digits of account number 4671 | \$766.00 |
| | Nonpriority Creditor's Name Bankruptcy Department PO Box 965064 | When was the debt incurred? | |
| | Orlando, FL 32896-5640 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card purchases | |
| 4.1 8 | Synchrony Bank/Mavis Tire Nonpriority Creditor's Name | Last 4 digits of account number 0759 | \$448.00 |
| | Attn: Bankruptcy Department PO Box 965061 | When was the debt incurred? | |
| | Orlando, FL 32896-5061 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | |
| | No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | • • • | | |
| | ☐ Yes | ■ Other. Specify Credit card purchases | |
| 4.1 9 | Synchrony Bank/Q Card Nonpriority Creditor's Name | Last 4 digits of account number | \$294.00 |
| | Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit card purchases | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Linda A. Ellison Page 25 01 50

Case number (if known)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Transworld Systems, Inc.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (*Check one*):

PO Box 17221

Wilmington, DE 19850

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 25,777.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 25,777.00 |

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| Fill in this infor | mation to identify your | case: | ., | |
|---|-------------------------|------------------------|-----------|-----------------|
| Debtor 1 | Linda A. Ellison | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | , | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this |
| | | | | amended filir |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| 2.2 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.5 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| | | | | | |

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| | | Documen | il raye 21 013 | <u> </u> | |
|---------------------------|--|---|---------------------------|-------------------------------|----------------------------|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Linda A. Ellison | | | | |
| 20010. | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | DISTRICT OF NEW JER | SEY | | |
| Case num | nber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| O((; | 15 | | | | |
| | al Form 106H | | | | |
| Sched | dule H: Your Code | ebtors | | | 12/15 |
| | | | | | |
| ill it out, a our name | e filing together, both are equation of the entries in the eand case number (if known). you have any codebtors? (If you | boxes on the left. Attach . Answer every question. | the Additional Page to th | nis page. On the top of any A | |
| ☐ No | | | | | |
| ■ Ye | S | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | nd territories include |
| ■ No | . Go to line 3. | | | | |
| ☐ Ye | s. Did your spouse, former spou | ise, or legal equivalent live | with you at the time? | | |
| | | | | | |
| in line Form | lumn 1, list all of your codebte e 2 again as a codebtor only if 106D), Schedule E/F (Official column 2. | f that person is a guarant | or or cosigner. Make sur | e you have listed the credito | or on Schedule D (Official |
| | Column 1: Your codebtor | | | Column 2: The creditor to v | whom you owe the debt |
| | Name, Number, Street, City, State and ZII | P Code | | Check all schedules that app | oly: |
| | | | | | |
| | Mary Campbell | | | Schedule D, line 2.2 | 1 |
| | 9 Holyoke Lane | | | ☐ Schedule E/F, line | |
| | Willingboro, NJ 08046 | | | ☐ Schedule G | |
| | | | | Ally Mortgage | |
| | | | | | |

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| Fill | in this information to identify your | case. | | | | I | | | |
|---------------------|--|---|---|-----------|-------|--|-----------|----------------------------|---------|
| | otor 1 Linda A. El | | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for th | e: DISTRICT OF NEW J | IERSEY | | _ | | | | |
| | se number nown) | | - | | | Check if this is: An amende A supplement | nt show | | chapter |
| \bigcirc | fficial Form 106l | | | | | | | following date: | |
| | chedule I: Your Inc | come | | | | MM / DD/ Y | YYY | | 12/15 |
| spo atta | plying correct information. If youse. If you are separated and you has separate sheet to this form Describe Employment | ur spouse is not filing w . On the top of any additi | ith you, do not includ | de inforn | natio | on about your spo | use. If n | nore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non- | filing spouse | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed | | | ☐ Emplo | • | | |
| | | | ☐ Not employed | , , | | | mployed | | |
| | Include part-time, seasonal, or | Occupation | Communication | s Opera | itor | | | | |
| | self-employed work. | Employer's name | State of NJ | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | NJ State Prison Cass Street Trenton, NJ | | | | | | |
| | | How long employed t | here? 14 year | S | | | | | |
| Esti spou | mate monthly income as of the use unless you are separated. u or your non-filing spouse have no space, attach a separate sheet to | date you file this form. If | , | | | | • | · | J |
| | | | | | | For Debtor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, sal deductions). If not paid monthly | | | 2. | \$ | 6,480.59 | \$ | N/A | |
| 3. | Estimate and list monthly over | rtime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | 4. | \$ | 6,480.59 | \$_ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | otor 1 | Linda A. Ellison | | С | ase num | nber (if known) | | | |
|-----|--|--|--------------------------------|--------|--|-----------------|--------------|---|--------------|
| | | | | | For De | btor 1 | | Debtor 2 or -filing spouse | |
| | Cop | y line 4 here | 4. | -; | \$ | 6,480.59 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | | |
| ٠. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 1,247.74 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | 381.42 | \$_ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 0.00 | \$_ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | . : | \$ | 427.55 | \$ | N/A | |
| | 5e. | Insurance | 5e. | . : | \$ | 622.46 | \$_ | N/A | |
| | 5f. | Domestic support obligations | 5f. | ; | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | _ 5h. | .+ : | \$ | 0.00 | + \$_ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 9 | \$ | 2,679.17 | \$_ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | \$ | 3,801.42 | \$ | N/A | |
| 8. | 8a. 8b. 8c. 8d. 8e. 8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Mother's contribution | 8a. 8b. 8c. 8d. 8e. 8f. 8g. 8h | . : | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 200.00 | \$ \$ \$ | N/A N/A N/A N/A N/A N/A N/A | |
| | | Son's contribution | _ | ; | \$ | 150.00 | <u></u> \$ | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 2,548.00 | \$ | N/A | |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. | \$ | 6.3 | 49.42 + \$ | | N/A = \$ | 6,349.42 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | ,- | | | | 0,0 101 12 |
| 11. | Inclu othe | the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | | , | Schedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | 12. \$ | 6,349.42 |
| | | | | | | | | Combin monthly | |
| 13. | Do : | you expect an increase or decrease within the year after you file this form? No. Yes. Explain: | ? | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| | in this informs | tion to identify yo | r. 00001 | | | ı | | | | | |
|--------|--|----------------------|--------------------------------------|---|---|---------------------------------------|-------|-----------------|-------------------------------|--|--|
| | | tion to identify yo | | | | | | | | | |
| Deb | tor 1 | Linda A. Ellis | son | | | Check if this is: An amended filing | | | | | |
| Deb | tor 2 | | | | | | | _ | ring postpetition chapter | | |
| (Spc | ouse, if filing) | - | | | | 13 expenses as of the following date: | | | | | |
| Unite | ed States Bankr | uptcy Court for the: | DISTRI | CT OF NEW JERSEY | | | M | M / DD / YYYY | | | |
| Case | e number | | | | | | | | | | |
| (If kr | nown) | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | |
| | | J: Your I | Exper | ISAS | | | | | 12/1: | | |
| Be a | as complete a ormation. If m nber (if know | and accurate as | possible. eded, atta y questio | . If two married people a | | | | | | | |
| 1 ai | Is this a joir | | iioiu | | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | | | |
| | ☐ Yes. Doe | s Debtor 2 live i | n a separ | ate household? | | | | | | | |
| | □N | 0 | | | | | | | | | |
| | □ Y | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expense | es for Separate House | ehold of D | ebtor | 2. | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | | Dependent's age | Does dependent live with you? | | |
| | Do not state | the | | | | | | | □ No | | |
| | dependents | | | | Son | | | 16 | ■ Yes | | |
| | | | | | | | | | □ No | | |
| | | | | | Niece | | | 17 | Yes | | |
| | | | | | 0 | | | 40 | □ No | | |
| | | | | | Son | | | 19 | ■ Yes | | |
| | | | | | Nephew | | | 21 | □ No | | |
| 3. | Do vour exp | enses include | _ | Ne | перпен | | | | ■ Yes | | |
| 0. | expenses of | f people other th | nan 👝 | No Yes | | | | | | | |
| | yourself and | d your depender | nts? ⊔ | 162 | | | | | | | |
| exp | imate your ex | | our bankrı | ly Expenses uptcy filing date unless y is filed. If this is a sup | | | | | | | |
| Incl | udo ovnonco | s naid for with n | on-cach | government assistance | if you know | | | | | | |
| the | value of such | n assistance and | d have inc | cluded it on <i>Schedule I:</i> | Your Income | | | v | | | |
| (Off | ficial Form 10 | 6I.) | | | | | _ | Your expe | enses | | |
| 4. | | r home ownersl | | ses for your residence. | Include first mortgage | | \$_ | | 2,520.00 | | |
| | If not includ | ed in line 4: | | | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | | 0.00 | | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 | | |
| | | | | ıpkeep expenses | | 4c. | | | 100.00 | | |
| F | | owner's associati | | | and a south of a sou | 4d. | | | 0.00 | | |
| 5. | Additional r | nortgage payme | ints for yo | our residence, such as h | ome equity loans | 5. | \$ | | 0.00 | | |

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| Deb | otor 1 | Linda A. Ellison | Case num | nber (if known) | |
|-----|---------------|--|-------------|-----------------|-------------------------------|
| 6. | Utiliti | ies: | | | |
| | 6a. | Electricity, heat, natural gas | 6a. | \$ | 400.00 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 80.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 435.00 |
| | 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food | and housekeeping supplies | 7. | \$ | 500.00 |
| 8. | Child | care and children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | ning, laundry, and dry cleaning | 9. | \$ | 150.00 |
| 10. | Perso | onal care products and services | 10. | \$ | 150.00 |
| | | cal and dental expenses | 11. | \$ | 0.00 |
| | | sportation. Include gas, maintenance, bus or train fare. | | · | |
| | | ot include car payments. | 12. | \$ | 240.00 |
| 13. | Enter | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 200.00 |
| 14. | Chari | itable contributions and religious donations | 14. | \$ | 300.00 |
| 15. | Insur | rance. | | | |
| | Do no | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | Life insurance | 15a. | * | 0.00 |
| | 15b. | Health insurance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle insurance | 15c. | \$ | 360.00 |
| | 15d. | Other insurance. Specify: | 15d. | · · | 0.00 |
| 16 | | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | · ——— | 0.00 |
| | Speci | | 16. | \$ | 0.00 |
| 17. | | Ilment or lease payments: | | * | |
| | | Car payments for Vehicle 1 | 17a. | \$ | 527.00 |
| | 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | | Other Specify: | 17c. | · - | 0.00 |
| | | Other. Specify: | 17d. | · | 0.00 |
| 18 | | payments of alimony, maintenance, and support that you did not report as | | Ψ | 0.00 |
| 10. | | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Speci | | 19. | * | 0.00 |
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on Sche | | | |
| | | Mortgages on other property | 20a. | | 0.00 |
| | | Real estate taxes | 20b. | \$ | 0.00 |
| | | Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | | Homeowner's association or condominium dues | 20e. | · | 0.00 |
| 21 | | r: Specify: Car Repairs | 21. | · | 50.00 |
| ۷١. | | , , | | · - | |
| | Pets | | | +\$ | 100.00 |
| | Gym | | | +\$ | 34.00 |
| | | k lunch | | +\$ | 50.00 |
| | Scho | pol lunch | | _+\$ | 80.00 |
| 22 | Calc | ulate your monthly expenses | | | |
| ۷۷. | | Add lines 4 through 21. | | \$ | 6,276.00 |
| | | · · · · · · · · · · · · · · · · · · · | | \$ | 0,270.00 |
| | | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | · <u> </u> | |
| | 22c. <i>F</i> | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 6,276.00 |
| 23. | Calcı | ulate your monthly net income. | | | |
| _0. | | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 6,349.42 |
| | | Copy your monthly expenses from line 22c above. | 23b. | | 6,276.00 |
| | ۷۵۵. | oopy your monthly expenses nonline 226 above. | ۷۵۵. | | 0,276.00 |
| | 230 | Subtract your monthly expenses from your monthly income. | | | |
| | 23 0. | The result is your <i>monthly net income</i> . | 23c. | \$ | 73.42 |
| | | The result is your monthly net income. | | <u> </u> | - |
| 24. | Do vo | ou expect an increase or decrease in your expenses within the year after yo | u file this | s form? | |
| | | cample, do you expect to finish paying for your car loan within the year or do you expect your | | | ease or decrease because of a |
| | modifi | cation to the terms of your mortgage? | | - | |
| | ■ No |). | | | |
| | | | | | |

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| | | | . 0.90 0 = 0.00 | |
|---------------------|-------------------------|------------------------|-----------------|--|
| Fill in this inform | nation to identify your | case: | | |
| Debtor 1 | Linda A. Ellison | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | | | | |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|--|-------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 262,100.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 20,400.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 282,500.00 |
| Pa⊦ | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 282,950.18 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.0 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 25,777.00 |
| | Your total liabilities | \$ | 308,727.18 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| ١. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 6,349.42 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,276.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | | l familie an |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Linda A. Ellison Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____9,606.12

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Fill in this inform | nation to identify your | case: | | |
|---------------------------------|--|---------------------------------|----------------------------|---|
| Debtor 1 | Linda A. Ellison | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official Form Declarat | | ın Individual De | btor's Sched | ules 12/15 |
| | | | | |
| If two married pe | ople are filing together | r, both are equally responsible | for supplying correct info | ormation. |
| obtaining money | | n connection with a bankruptcy | | g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 |
| Sigr | n Below | | | |
| Did you pay | y or agree to pay some | one who is NOT an attorney to | help you fill out bankrup | ccy forms? |
| ■ No | | | | |
| ☐ Yes. N | lame of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | | | | |
| | Ity of perjury, I declare atrue and correct. | that I have read the summary a | and schedules filed with t | his declaration and |
| X /s/ Lind | da A. Ellison | | X | |
| | A. Ellison re of Debtor 1 | | Signature of Debtor 2 | 2 |

Date February 24, 2023

Date ____

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| Fill in this infor | mation to identify you | r case: | | | | | | | | |
|---|--|---|------------------------------------|------------------------------|------------------------------------|--|--|--|--|--|
| Debtor 1 | Linda A. Ellison | Middle Name | Last Name | | | | | | | |
| Debtor 2 | Filst Name | Middle Name | Last Name | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERS | SEY | | | | | | | |
| Case number | | | | | | | | | | |
| (if known) | | | | _ | Check if this is an | | | | | |
| | | | | | amended filing | | | | | |
| Ο#: a: a Γ a | | | | | | | | | | |
| Official Fo | | Affaira far Individ | luala Filipa far B |) on lever up to ve | 0.4404 | | | | | |
| | | Affairs for Indivic | | | 04/22 | | | | | |
| | | ible. If two married people a attach a separate sheet to t | | | | | | | | |
| number (if know | vn). Answer every que | stion. | · | | | | | | | |
| Part 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | | | | | | |
| 1. What is you | ur current marital statu | ıs? | | | | | | | | |
| Manda | a. | | | | | | | | | |
| ■ Married ■ Not ma | | | | | | | | | | |
| 2 During the | last 2 years, have you | lived anywhere other than | whore you live new? | | | | | | | |
| 2. During the | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | |
| □ No | | | | | | | | | | |
| ■ Yes. Li | ist all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | V. | | | | | | |
| Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there | | | | | |
| 17 Tioga | Lane | From-To: | ☐ Same as Debtor | 1 | Same as Debtor 1 | | | | | |
| Willingbo | oro, NJ 08046 | Prior to Octob 2020 | er | | From-To: | | | | | |
| | | | | | | | | | | |
| states and territo No Ves. M Part 2 Expla | ries include Arizona, Ca lake sure you fill out Scl ain the Sources of You | | vada, New Mexico, Puerto R | ico, Texas, Washington and N | Visconsin.) | | | | | |
| Fill in the to | tal amount of income yo | nployment or from operating u received from all jobs and a have income that you receive | all businesses, including part | -time activities. | ndar years? | | | | | |
| □ No | | | | | | | | | | |
| Yes. F | ill in the details. | | | | | | | | | |
| | | Debtor 1 | | Debtor 2 | | | | | | |
| | | Sources of income | Gross income | Sources of income | Gross income | | | | | |
| | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) | | | | | |
| From January | 1 of current year until | ■ Wages, commissions, | \$11,786.00 | ☐ Wages, commissions, | , | | | | | |
| | ed for bankruptcy: | bonuses, tips | Ţ - 3 ,. 00.30 | bonuses, tips | | | | | | |
| | | ☐ Operating a business | | ☐ Operating a business | | | | | | |

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Debtor 1 Linda A. Ellison Case number (if known)

| | | | | Debtor 1 | | | Debtor 2 | | |
|--|--|----------------------------|-------------------------------------|--|---|------------------------|------------------------------------|--------------|---|
| | | | | Sources of income Check all that apply. | (before ded exclusions) | luctions and | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | For last calendar year: (January 1 to December 31, 2022) | | 31, 2022) | ■ Wages, commissions, bonuses, tips | : | \$81,583.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| For the calendar year before that: (January 1 to December 31, 2021) | | | ■ Wages, commissions, bonuses, tips | : | \$68,083.00 | | missions, | | |
| | | | ☐ Operating a business | | | ☐ Operating a business | | | |
| | winnings. List each No | If you are fill | ing a joint cas | pensions; rental income; inte se and you have income that ome from each source separa | you received to | gether, list it o | only once under De | ebtor 1. | a gambling and lottery |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross inco each source (before ded exclusions) | ce luctions and | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | vments You | Made Before You Filed for | , | | | | |
|). | | r Debtor 1's Neither De | or Debtor 2 ebtor 1 nor D | 's debts primarily consume Debtor 2 has primarily consumers personal, family, or househousehousehousehousehousehousehouse | er debts? umer debts. C | onsumer debt | s are defined in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | During the No. | Go to line 7 List below 6 | ore you filed for bankruptcy, d c c cach creditor to whom you pa editor. Do not include payme | id a total of \$7, | 575* or more i | n one or more pay | ments and th | |
| | | * Subject | not include | payments to an attorney for t t on 4/01/25 and every 3 year | this bankruptcy | case. | | | |
| | Yes. | | | or both have primarily consumer you filed for bankruptcy, d | | creditor a tota | l of \$600 or more? | , | |
| | | No. | Go to line 7 | | | | | | |
| | | □ Yes | include pay | each creditor to whom you pa ments for domestic support o this bankruptcy case. | | | | | |
| | Creditor | 's Name and | d Address | Dates of payme | ent Tot | al amount paid | Amount you still owe | Was this p | payment for |

Case 23-11616-KCF Doc 1 Filed 02/28/23 Entered 02/28/23 20:13:12 Page 37 of 56 Document Debtor 1 Linda A. Ellison Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☐ No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment** Total amount Amount you Reason for this payment still owe paid Mary Campbell 1/2023 \$500.00 \$0.00 Repaid Ioan 9 Holyoke Lane Willingboro, NJ 08046 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number No. Go to line 11.

| 10. | within I year before you filed for bankruptcy, was any or your property repossessed, foreclosed, garnisned, attached, seized, or levied: |
|-----|--|
| | Check all that apply and fill in the details below. |
| | |

Yes. Fill in the information below.

Creditor Name and Address Value of the **Describe the Property** Date property **Explain what happened**

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Nο

Yes. Fill in the details.

Creditor Name and Address Describe the action the creditor took Amount Date action was taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes Case 23-11616-KCF Doc 1 Filed 02/28/23 Entered 02/28/23 20:13:12 Desc Main Document Page 38 of 56

| De | btor 1 Linda A. Ellison | Case number | (if known) | |
|-----|--|--|-----------------------------------|--------------------------|
| | | | | |
| Pa | rt 5: List Certain Gifts and Contributions | | | |
| 13. | ■ No | tcy, did you give any gifts with a total value of more t | han \$600 per person | ? |
| | ☐ Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankrup ☐ No | tcy, did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or con | tribution. | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
| | Bethany Baptist Church 1115 East Gibbsboro Road Lindenwold, NJ 08021 | \$300 per month | | \$0.00 |
| 15. | or gambling? ■ No □ Yes. Fill in the details. | cy or since you filed for bankruptcy, did you lose any escribe any insurance coverage for the loss | thing because of thef | t, fire, other disaster, |
| | | clude the amount that insurance has paid. List pending surance claims on line 33 of <i>Schedule A/B: Property.</i> | loss | lost |
| Pa | tt 7: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or pre | cy, did you or anyone else acting on your behalf pay eparing a bankruptcy petition? parers, or credit counseling agencies for services require | | rty to anyone you |
| | ■ No □ Yes. Fill in the details. | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| 17. | • | cy, did you or anyone else acting on your behalf pay or so rto make payments to your creditors? | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was | Amount of payment |

made

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| Deb | otor 1 Linda A. Ellison | | | | Cas | e number (<i>if known</i>) | | |
|-----|---|------------------------|--|--|-------|--|---------|--------------------------------|
| | | | | | | | | |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers rinclude gifts and transfers that you have alread No | business nade as se | or financial af ecurity (such as | fairs? s the granting of a | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | | escription and operty transfe | | - 1 | Describe any property or payments received or deb paid in exchange | | Date transfer was made |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p | | | any property to a | self- | settled trust or similar dev | rice of | which you are a |
| | Yes. Fill in the details. | letails. | | | | | | |
| | Name of trust | De | Description and value of the property transferred | | | | | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, I | nstruman | ts Safe Denos | sit Royas and St | oran | a linite | | |
| | houses, pension funds, cooperatives, assume No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP | Last 4 | Last 4 digits of account number | | | closed, sold, | | Last balance before closing or |
| | Code) | | | | | moved, or transferred | | transfer |
| | Credit Union of New Jersey 1035 Parkway Avenue Trenton, NJ 08618 | xxx- | | ☐ Checking ☐ Savings ☐ Money Mar ☐ Brokerage ■ Other | rket | 1/2023 | | \$0.00 |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | l year befo | ore you filed fo | or bankruptcy, aı | ny sa | fe deposit box or other de | posito | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Ad | ho else had ad Idress (Number, ate and ZIP Code) | | Des | cribe the contents | | Do you still have it? |
| 22. | Have you stored property in a storage unit ■ No □ Yes. Fill in the details. | t or place | other than you | ur home within 1 | year | before you filed for bankr | uptcyʻ | ? |

Who else has or had access

Address (Number, Street, City,

State and ZIP Code)

to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Address (Number, Street, City, State and ZIP Code)

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Debtor 1 Linda A. Ellison Case number (if known)

| Par | 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
|------|---|---|---------------------------------------|-----------------------|--|--|--|--|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing fo | r, or hold in trust | | | | |
| ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Par | 10: Give Details About Environmental Inform | aation | | | | | | |
| For | he purpose of Part 10, the following definitions | apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | - · | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, whether you now own, operate, | or utilize it or used | | | | |
| | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of when | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environm | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any envi | ironmental law? Include settlements | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of the following connections to an | y business? | | | | |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity, | either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company | y (LLC) or limited liability partnersh | ip (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | | tive of a corporation | | | | | | |

 $\hfill \square$ An owner of at least 5% of the voting or equity securities of a corporation

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Debtor 1 Linda A. Ellison Case number (if known)

| | _ | | |
|---------------------|--|--|---|
| | No. None of the above applies. Go to | | |
| | Business Name Address | I in the details below for each business. Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| | Empowerment Life Coaching, LLC | | EIN: |
| | | | From-To Started 2022, never operated |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below. | tcy, did you give a financial statement to a | anyone about your business? Include all financial |
| | Name | Date Issued | |
| | Address (Number, Street, City, State and ZIP Code) | | |
| Par | t 12: Sign Below | | |
| are with 18 U | | false statement, concealing property, or | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| | nda A. Ellison nature of Debtor 1 | Signature of Debtor 2 | |
| Dat | February 24, 2023 | Date | |
| Did ■ N | | ent of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 107)? |
| Did ■ N | you pay or agree to pay someone who is no | ot an attorney to help you fill out bankrupt | cy forms? |
| • | | uptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). |

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| | | 2004 | . ago .= 0. cc | |
|---------------------|---|------------------------------------|--|--------------------------------|
| | | | | _ |
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Linda A. Ellison | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | rm 100 | | | |
| | | | | |
| Stateme | nt of Intentio | n for Individuals | Filing Under Chapt | t er 7 12/15 |
| | | | | |
| If you are an ind | lividual filing under cha | pter 7, you must fill out this for | m if: | |
| creditors hav | e claims secured by yo | our property, or | | |
| vou have leas | sed nersonal property : | and the lease has not expired. | | |
| You must file th | is form with the court we ever is earlier, unless th | vithin 30 days after you file you | r bankruptcy petition or by the date s nuse. You must also send copies to t | |
| | eople are filing togethe nd date the form. | r in a joint case, both are equal | ly responsible for supplying correct | information. Both debtors must |

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages,

write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

| nformation below. | | |
|--|---|---|
| dentify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's Ally Mortgage | | _ |
| Creditor's Ally Mortgage name: | ☐ Surrender the property. | No |
| Description of 9 Holyoke Lane Willingboro, NJ | Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property 08046 Burlington County | Retain the property and [explain]: | |
| securing debt: | Retain and pay according to agreement | |
| Creditor's Capital One Auto Finance | ☐ Surrender the property. | ■ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of 2016 Kia Sedona 85,000 miles | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debtor 1 Linda A. Ellison | Case number (if known) |
|--|---|
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No |
| Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease. | perty of my estate that secures a debt and any personal |
| X /s/ Linda A. Ellison X | e of Debtor 2 |
| Date February 24, 2023 Date | |

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| Fill in this | information to identify your case: | | C | heck or | e box only as d | irected in this form and | d in Form |
|----------------------------|--|--|---|-----------------------|-----------------------------------|--|-----------------------------------|
| Debtor 1 | Linda A. Ellison | | 1: | 22A-1S | nbb: | | |
| Debtor 2 | | | | ■ 1 T | here is no presi | umption of abuse | |
| (Spouse, if fili | • | | | | • | o determine if a presu | motion of abuse |
| United Sta | ates Bankruptcy Court for the: District of New Je | rsey | | | | nade under <i>Chapter 7</i> | |
| Case num | ber | | | | Calculation (Offi | icial Form 122A-2). | |
| (if known) | | | | | | does not apply now be service but it could a | |
| | | | | ☐ Ch | eck if this is a | n amended filing | |
| <u>Officia</u> | l Form 122A - 1 | | | | | | |
| Chapt | er 7 Statement of Your Cu | rrent Mc | onthly In- | com | е | | 12/19 |
| attach a ser case numbe | elete and accurate as possible. If two married people parate sheet to this form. Include the line number to be (if known). If you believe that you are exempted from illitary service, complete and file Statement of Exemple Calculate Your Current Monthly Income | which the addition on a presumption | onal information on of abuse beca | applies ause you | On the top of an do not have prin | ny additional pages, wri narily consumer debts o | te your name and or because of |
| 1. Wha | t is your marital and filing status? Check one o | nly. | | | | | |
| □ N | ot married. Fill out Column A, lines 2-11. | | | | | | |
| □м | arried and your spouse is filing with you. Fill o | ut both Column | ns A and B, line | s 2-11. | | | |
| ■ м | arried and your spouse is NOT filing with you. | . You and your | r spouse are: | | | | |
| | Living in the same household and are not leg | ally separated | I. Fill out both C | columns | A and B, lines 2 | 2-11. | |
| - | Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evadi | legally separate | ed under nonba | ankrupto | y law that applie | es or that you and you | |
| 101(10A the 6 mo | e average monthly income that you received from all). For example, if you are filing on September 15, the 6-r nths, add the income for all 6 months and divide the tota own the same rental property, put the income from that | month period wou al by 6. Fill in the i | ıld be March 1 thr result. Do not incl | ough Aug ude any i | gust 31. If the amo | ount of your monthly incor ore than once. For examp | ne varied during ole, if both |
| | | | | Colur Debte | | Column B Debtor 2 or non-filing spouse | |
| | gross wages, salary, tips, bonuses, overtime, oll deductions). | , and commiss | sions (before al | II \$ | 7,058.12 | \$ | |
| | ony and maintenance payments. Do not include mn B is filled in. | payments fror | m a spouse if | \$ | 0.00 | \$ | |
| of yo from and r | mounts from any source which are regularly pour or your dependents, including child support an unmarried partner, members of your househol commates. Include regular contributions from a sin. Do not include payments you listed on line 3. | t. Include regulate, your depend | ar contributions lents, parents, | | 2,548.00 | \$ | |
| 5. Net i | ncome from operating a business, profession, | | | | | | |
| | | | ebtor 1 | | | | |
| | s receipts (before all deductions) | \$ 0.00 -\$ 0.00 | | | | | |
| | nary and necessary operating expenses nonthly income from a business, profession, or fal | 0.00 | Copy here - | ·> \$ | 0.00 | \$ | |
| | ncome from rental and other real property | Ψ | _ ',' | - | | | |
| 3 | The second secon | De | ebtor 1 | | | | |
| Gros | s receipts (before all deductions) | \$ 0.00 | _ | | | | |
| Ordir | nary and necessary operating expenses | -\$ 0.00 | _ | | | | |
| Net n | nonthly income from rental or other real property | \$0.00 | Copy here - | ·> \$ | 0.00 | \$ | |
| 7. Inter | est, dividends, and royalties | | | \$ | 0.00 | \$ | |

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Debtor 1 Linda A. Ellison Case number (if known)

| | | | | _ | Column A Pebtor 1 | | Column B Debtor 2 o | | |
|------|--|--|---|-------------------------------|----------------------|------------|---------------------|------------------|-----------|
| 8. | Unemploy | ment compensation | | \$ | | 0.00 | \$ | | |
| | Do not ente | er the amount if you contend that the amount Security Act. Instead, list it here: | | | | | · | | |
| | For you | spouse \$ | 0.00 | _ | | | | | |
| | | | | _ | | | | | |
| 9. | benefit und not include United Stat disability, o pay paid ur does not ex | r retirement income. Do not include any arrier the Social Security Act. Also, except as stany compensation, pension, pay, annuity, or ses Government in connection with a disability death of a member of the uniformed service der chapter 61 of title 10, then include that paceed the amount of retired pay to which you der any provision of title 10 other than chapt | tated in the next sentence r allowance paid by the ry, combat-related injury c es. If you received any re pay only to the extent that I would otherwise be entit | e, do or etired t it | | 0.00 | \$ | | |
| 10. | | om all other sources not listed above. Spe | | unt. | | | | | |
| | received as domestic te United Stat disability, o | ude any benefits received under the Social S s a victim of a war crime, a crime against hun errorism; or compensation pension, pay, and es Government in connection with a disability of death of a member of the uniformed service a separate page and put the total below | nanity, or international or nuity, or allowance paid by y, combat-related injury o | y the or r | | | | | |
| | • | | | _ \$ | | 0.00 | \$ | | |
| | | | | _ \$ | | 0.00 | \$ | | |
| | To | otal amounts from separate pages, if any. | | + \$ | | 0.00 | \$ | | |
| 11. | | your total current monthly income. Add lin nn. Then add the total for Column A to the tot | | 9,6 | 606.12 | + \$ | | = \$ | 9,606.12 |
| | | | | | | | | income | |
| Part | 2: Dete | ermine Whether the Means Test Applies to | o You | | | | | | |
| 12. | Calculate y | your current monthly income for the year. | Follow these steps: | | | | | | |
| | 12a. Copy | your total current monthly income from line 1 | 1 | | Copy | line 11 h | nere=> | \$ | 9,606.12 |
| | | , | | | | | | - | |
| | Multip | ly by 12 (the number of months in a year) | | | | | | x 1 | 2 |
| | 12b. The re | esult is your annual income for this part of the | e form | | | | 12 | b. \$ 1 ′ | 15,273.44 |
| 13. | Calculate t | the median family income that applies to | you. Follow these steps: | | | | | | |
| | Fill in the st | tate in which you live. | NJ | | | | | | |
| | | | | | | | | | |
| | Fill in the n | umber of people in your household. | 6 | | | | | | |
| | Fill in the m | nedian family income for your state and size | of household. | | | | 13 | S 16 | 3,787.00 |
| | | st of applicable median income amounts, go n. This list may also be available at the bank | | cified in t | the separa | te instruc | tions | | |
| 14. | | | | | | | | | |
| | How do the | e lines compare? | | | | | | | |
| | How do the | e lines compare? Line 12b is less than or equal to line 13. Of Go to Part 3. Do NOT fill out or file Official | | k box 1, | There is n | o presum | ption of abu | se. | |
| | _ | Line 12b is less than or equal to line 13. O | Form 122A-2. | | | | | | 2A-2. |
| Part | 14a. I | Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top or | Form 122A-2. | | | | | | 2A-2. |
| Part | 14a. | Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2. | Form 122A-2. If page 1, check box 2, <i>Th</i> | he presu | imption of | abuse is | determined l | oy Form 12 | |
| Part | 14a. □ 14b. □ 3: Sigr By sig X /s/ | Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A–2. In Below Ining here, I declare under penalty of perjury Linda A. Ellison | Form 122A-2. If page 1, check box 2, <i>Th</i> | he presu | imption of | abuse is | determined l | oy Form 12 | |
| Part | 14a. □ 14b. □ 3: Sigr By sig X /s/ Lin | Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A–2. In Below Ining here, I declare under penalty of perjury | Form 122A-2. If page 1, check box 2, <i>Th</i> | he presu | imption of | abuse is | determined l | oy Form 12 | |

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| Debtor 1 | Linda A. Ellison | Case number (if known) | |
|----------|---|------------------------|--|
| Da | February 24, 2023 | | |
| | MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. | | |
| | If you checked line 14b, fill out Form 122A-2 and file it with this form. | | |

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Debtor 1 Linda A. Ellison Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2022 to 01/31/2023.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: State of NJ

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$47,385.00}{\$83,285.73}\$ from check dated \$\frac{7/31/2022}{12/31/2022}\$.

This Year:

Current Year-to-Date Income: \$6,448.00 from check dated 1/31/2023 .

Income for six-month period (Current+(Ending-Starting)): \$42,348.73.

Average Monthly Income: \$7,058.12.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **Mom's Contribution** Constant income of **\$1,260.00** per month.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **Nephew's Contribution** Constant income of **\$200.00** per month.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **Son's Contribution** Constant income of **\$150.00** per month.

Line 4 - Child support income (including foster care and disability)

Source of Income: **Child Support** Constant income of **\$938.00** per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 23-11616-KCF Doc 1 Filed 02/28/23 Entered 02/28/23 20:13:12 Desc Main Document Page 52 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

| In r | e Linda A. Ellison | · | Case No. | | |
|------|---|---|---|-------------------------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COME | PENSATION OF ATTOR | RNEY FOR DE | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati | filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | <u> </u> | 900.00 | |
| | Prior to the filing of this statement I have receive | | | 0.00 | |
| | | | | 900.00 | |
| 2. | \$338.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ☐ Debtor ☐ Other (specify): Me | tlife Legal Plan | | | |
| 5. | ■ I have not agreed to share the above-disclosed co | ompensation with any other person | unless they are mem | bers and associates of my law firm. | |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | | |
| 6. | In return for the above-disclosed fee, I have agreed t | o render legal service for all aspects | s of the bankruptcy o | ase, including: | |
| | a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applications of liens on | statement of affairs and plan which editors and confirmation hearing, an to reduce to market value; executions as needed; preparation | may be required; d any adjourned hea mption planning; | rings thereof; | |
| 7. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. | | | es, relief from stay actions or | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of bankruptcy proceeding. | f any agreement or arrangement for | payment to me for r | epresentation of the debtor(s) in | |
| ı | February 24, 2023 | /s/ Thomas J. Orr | | | |
| Date | | Thomas J. Orr | | | |
| | | Signature of Attorne Thomas J. Orr | y | | |
| | | 321 High Street | | | |
| | | | Burlington, NJ 08016-4411 (609)386-8700 Fax: (609)386-7765 | | |
| | | tom@torrlaw.com | | | |
| | | Name of law firm | | | |

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United States Bankruptcy Court District of New Jersey

| | | District of New Jersey | | |
|------|----------------------------------|--|-------------------|-----------------------|
| n re | Linda A. Ellison | Debtor(s) | Case No. Chapter | 7 |
| | | Debtor(s) | Chapter | |
| | | | | |
| | VER | RIFICATION OF CREDITOR N | MATRIX | |
| | | | | |
| e ab | ove-named Debtor hereby verifies | s that the attached list of creditors is true and co | rrect to the best | of his/her knowledge. |
| | | | | |
| ate: | February 24, 2023 | /s/ Linda A. Ellison | | |
| | | Linda A. Ellison | | |

Signature of Debtor

Ally Mortgage Acct No xxxxx9686 314 South Franklin Street Second Floor Titusville, PA 16354

Aspire
Acct No 1132
PO Box 105555
Atlanta, GA 30348-5555

AT&T Acct No xxxxxxxx5663 17000 Cantrell Road Little Rock, AR 72223

Boscovs Acct No 2421 PO Box 71106 Charlotte, NC 28272-1106

Capital One Auto Finance Acct No xxxxxxxxx7912 3901 Dallas Parkway Plano, TX 75093

Capital One Bank Acct No 8491 PO Box 30285 Salt Lake City, UT 84130

Capital One Bank Acct No 7096 PO Box 30285 Salt Lake City, UT 84130

Credit One Bank Acct No xxxx-xxxx-xxxx-5679 PO Box 98873 Las Vegas, NV 89193-8873

Credit One Bank
Acct No xxxx-xxxx-7338
PO Box 98873
Las Vegas, NV 89193-8873

Credit Union of New Jersey 1035 Parkway Avenue Trenton, NJ 08618

Fingerhut Acct No 1195 6250 Ridgewood Road Saint Cloud, MN 56303

First National Credit Card Acct No 7457 PO Box 5097 Sioux Falls, SD 57117-5097

Jefferson Capital Systems Acct No xxxxxxxxxx0001 P.O. Box 7999 Saint Cloud, MN 56302-9617

Kohl's
Acct No 8901
PO Box 3043
Milwaukee, WI 53201-3043

Lane Bryant Acct No 4268 Comenity Bank Bankruptcy Department Columbus, OH 43218-2125

One Main Financial Acct No xxxx7975 Centralized Bankruptcy Processing PO Box 3251 Evansville, IN 47731-3251

River Valley Loans Wahido Lending dba River Valley Loans PO Box 222 Fort Thompson, SD 57339

Spotloan Acct No xxxx0386 PO Box 720 Belcourt, ND 58316 Synchrony Bank/JCP Acct No xxxxxxx4671 Bankruptcy Department PO Box 965064 Orlando, FL 32896-5640

Synchrony Bank/Mavis Tire Acct No 0759 Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061

Synchrony Bank/Q Card Acct No 1923 Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061

Transworld Systems, Inc. PO Box 17221 Wilmington, DE 19850